

MASTER FILE CHANGES  
Status/Rate Unit - AESD

Date Keyed: \_\_\_\_\_

By: \_\_\_\_\_

Employing Unit: \_\_\_\_\_ Account No: \_\_\_\_\_

Enter information regarding authorization to furnish information to AESD or principal officer(s):

☐ Name: \_\_\_\_\_

☐ FIN or SSN: \_\_\_\_\_

☐ Street \_\_\_\_\_

City

State \_\_\_\_\_

Zip: \_\_\_\_\_

☐ Phone Number: \_\_\_\_\_

Enter Arkansas Business Information:

☐ Street \_\_\_\_\_

City

Zip: \_\_\_\_\_

☐ Phone Number: \_\_\_\_\_

Enter Mailing Address Information:

Mailing Address: \_\_\_\_\_

Other: \_\_\_\_\_

Above information received by ☐ phone ☐ other (give method) \_\_\_\_\_

Name & Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ on (give date) \_\_\_\_\_

AESD employee and title obtaining information: \_\_\_\_\_